Z005-003

LOUISIANA BOARD OF ETHICS

DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

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STATE	OF LOUISIANA/					
PARIS						三型 日本
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i, Ko	Sect 6 Quick Sa, residing at_	501	541 St	FIRE	KA.	7013.3
u .	(Name)		(Mailing Addre	ss, including City	& Zip C	ode)
do deci	lare that :					
		J.				
	That this disclosure statement is made pursuant	to LSA-	R.S. 42:1119E	(2)(b) for the v	ear begi	inning
	on January 1", 2026	2011	2007		•	_
	(Year)					
	()	2.				
		·-—	-			
	That I am a Chief Executive Board	Membe	Commiss	sioner (circle	one) o	of the
	ST Landay Parish	_Hospit	al Service Dis	trict / Public Tr	ust Auth	nonity
	(Name)	. 17	- 10	69		
	and have served in this capacity since		(Day) (Year)	7		
		(меши)	(Day) (Tear)			
		3.				
	That my immediate family member, defined by	y LSA-R	LS , 42:1102(1)	3) as his childre	or, the sp	pouses
	of children, his brothers, his sisters, the spouses	of his b	rothers, the spo	uses of his siste	as, bis po	arents,
	his shouse, and the parents of his spouse, is en	nployed	by the describ	ed Hospital Se	rvice Di	strict /
	Public Trust Authority. The facts of such emp	loymen	t are as follow	s: 🖊 .		
	an an Was Mary No. 3 Complete	p	Local 11 1	A Duce	r K	
	Name of Immediate Family Member: Relation of Immediate Family Membe		ife/	· Qui	- /	-
	Position: <u>LPD</u>					_
	Date employed (month, day, year):	2-	24 - 7	593		
	Applicable Exception (check all that a	pply):		•		
	Employed by Hospital S	ervice I	District/Public	Trust Authorit	y for mo	re than
	one year prior to filer b	ecomin	g the chief exe	ecutive or a bo	धार्व काध्य	nber or
	commissioner of the Ho	ospital S	ervice District	/ Public Trust	Authori	ty
						Y
	Serving in public emplo	yment c	ontinuouslysu	ace April 1, 198	iv, the et	iective
	date of the Code of Go	vemme	ntal Ethics			
	Hospital Service Distric	a (Thalala	a Traigt Anthon	ritu han a diatric	t nonula	tion of
	Hospital Service District 100,000 or less and the	g/Publi family:	e Trust Autuoi mamber is <i>en</i> n	ntowed as a lice	nsed ab	vaician
	or registered nurse./)	tainity.	mentoer is em	p.10 y 00 223 12 1100	шэөп ро	J D 1 4 1 1 - 1
	of registered newser		11	/		
	///	- 1		•		
	X M	Lan	L. Su	<u></u>		
	Signature, Chie	f Execu	tive, Hospital	Board Member	or Com	missioner
			Land I			

NOTE: These disclosure statements are due by **January 30th of each year** that you have an immediate family member employed by the hospital service district or hospital public trust authority. This Disclosure Statement must be filed even if you filed one last year or at any other time during the year and the information you disclosed has not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any immediate family members employed by the hospital, then he is not required to file a disclosure statement.

Failure to timely submit a required disclosure statement will result in the imposition of an automatic late fee of \$50.00 per day, with a maximum penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBER OR CHIEF EXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT THESE STATEMENTS ARE TIMELY FILED.